

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JA</i>		<i>10/25/00</i>
O.I.P.E. CLASSIFIER	<i>JA</i>	<i>45-</i>	<i>10/31</i>
FORMALITY REVIEW	<i>DM</i>	<i>72223</i>	<i>11-30-00</i>
RESPONSE FORMALITY REVIEW			<i>12/14/00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	<i>12/5</i>
2	<i>18/28</i>
3	<i>03/24</i>
4	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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APPLICATION
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☐ The term of the
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Form PTO-436A
 (Rev. 6/99)